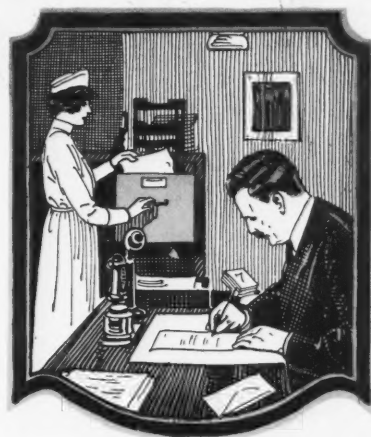


# THE Canadian Hospital

*A Monthly Journal for Hospital Executives*



Toronto, Can.

*The Edwards Publishing Company*

March, 1933



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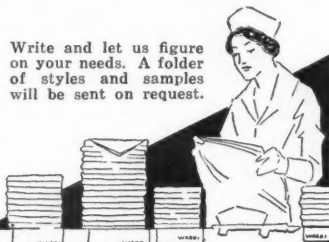


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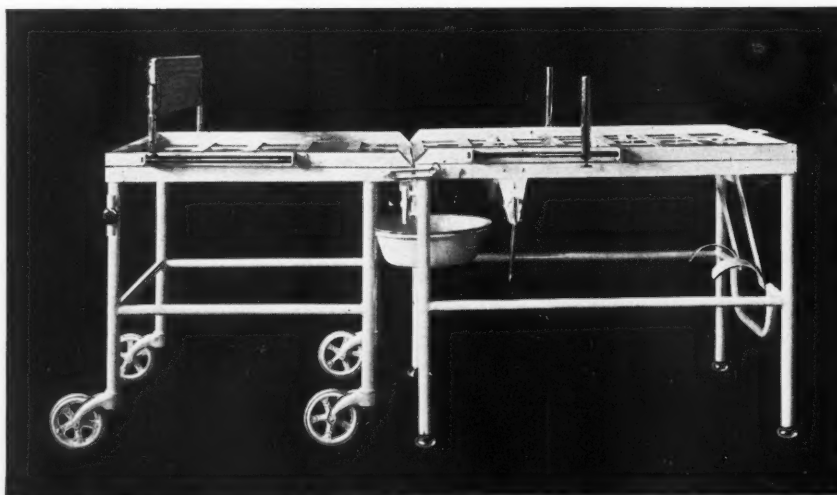
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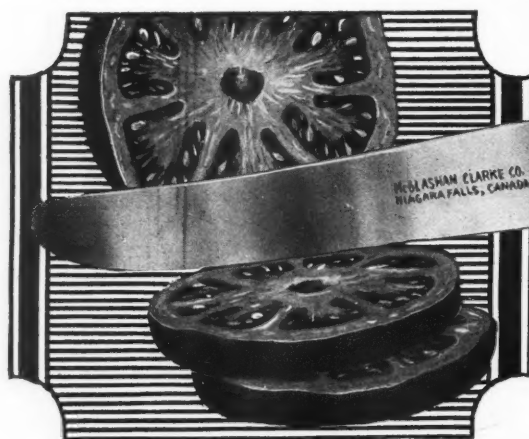
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# General Problems of Hospital Construction

By B. EVAN PARRY, F.R.A.I.C.,  
Parry and Smith, Architects, Toronto

## Food Service Department

**M**R. HERMANN DISTEL, the eminent German Architect, in his review of the plan for the new Central Hospital in South Stockholm, Sweden, makes the following interesting comment:

"In my own large buildings, kitchens on the top floor have been very successful. They have the great advantage of easy distribution of the food to the special food lifts, entailing the shortest possible transportation and the greatest possible freedom from the smell of food in the hospital."

From the foregoing are we to assume that there is a swing back to the plan which obtained in Canada two or three decades ago, but which has to-day been superseded by either having separate units, or the lower floor used for food service purposes? With the facilities for lighting and ventilation, and last but not least centralization to be observed in a twentieth century Canadian Hospital plan, it is feasible to assume that the practice obtaining to-day will prevail.

The standards of living and feeding to-day are in marked contrast to those of a decade ago, consequently patients are exacting in their demands and require that the food with which they are served be more comparable to that which they have been accustomed.

It should not be lost sight of that a hospital's reputation is indissolubly implicated in its food service, since the latter is usually the most common source of complaint. Further, it is computed that 20% to 30% must be earmarked for this service of the total expense of operation of the hospital.

Radical departures from the outdated methods are to be noted both in scientific planning and the adoption of mechanical devices and improved methods of management.

As each hospital has its individual aims and problems, so each food service must be differently organized to promote efficiency, in other words to secure a satisfactory food service with economy, a minimum expense should be involved without sacrificing the standard of efficiency.

Decentralized food service has many disadvantages. The food is cooked in large quantities in the main kitchen and despatched in bulk containers to diet kitchens on the patient floors, whereupon it is kept hot in a steam table until the personnel are able to set up and deliver the trays to the patients. Oftentimes protracted delays occur before the food reaches the patient, consequently rendering it unpalatable.

Inadequate supervision and control of the way in which the portions are served is to be noted with this system.

There are many other objections, such as the diet

kitchens on the patient floors being centres of disquieting noises and persistent food and dishwashing odours.

Duplication of equipment involved in the practice of decentralized food service renders the cost of service unjustifiably uneconomic.

Therefore, based on this premise the central food service system would appear to be the most satisfactory. Amongst other things in its favour it can be claimed that noise, odours, grease and smoke from floors are eliminated; better tray service may be given because all come under more direct supervision; mistakes in diet are eliminated; it more nearly insures that trays are hot, also better training is provided for the nurses. Greater use of labour saving devices is possible and less equipment is necessary, as floor kitchen equipment is eliminated. Equipment lasts longer, as it is less likely to be abused, and repairs are made as soon as needed. There is better food control as supervised serving eliminates waste. Better control of waste is provided, as returned food is checked.

There is less breakage as a result of careful supervision of help, and labour costs are less.

The fundamental principles of "Centralized Service" include centralization of food storage, cooking, the serving of trays and dishwashing. Also that all trays shall be set up complete with freshly cooked food in the main kitchen unit and delivered to the patient in the shortest time possible.

To accomplish this the needs of the dietary department must be anticipated in the plan of the building. The kitchen space must be adequate, the equipment arranged to eliminate waste motion in every step of the cycle of food preparation, service and distribution. Vertical transportation must be swift and dependable.

From time to time efforts have been made to establish a fixed formulæ to express the amount of kitchen space required for a hospital of a given capacity. Apropos of which it should be noted that some hospitals distribute the food for patients and employees in bulk from a single central kitchen, whereas in others, the preparation of individual patient's trays is treated as a function of the central kitchen, which necessitates increased area, the cost of which is offset by the advantages already referred to in the centralized service system.

Taking a range of 21 hospitals in North America it is computed that 29.2 square feet per patient is required, or 3.92% of gross floor area of the hospital for a centralized kitchen department.

If a special kitchen for the nurses' home is required, the space allowance for such would be in addition to the foregoing.

Most hospital administrators are of opinion that all hospital employees should be fed in and by the hospital. Willingness to experiment with modified and substitute

The papers entitled "Outpatients, Emergency and Admitting Department," and "Children's Department," will be incorporated in the report of the General Committee on Construction and Equipment of the Canadian Hospital Council.

schemes for special groups of hospital employees might, in the long run, lead to the elimination of at least a part of this service and to a corresponding reduction in the cost of hospital construction.

A satisfactory layout for a main kitchen includes natural light and ventilation, mechanical or otherwise. The plan rectangular in shape with the cooking section placed centrally. Surrounding this section on three sides can be arranged the butcher and bake shops, the salad and vegetable preparation rooms.

All serving will take place at a point nearest the service elevators, where serving tables and beverage pantries should be located.

Opposite the beverage pantry an alcove should be planned where the food trucks can be kept, if that method is used. It will be appreciated that with the continuously moving chain conveyor method food trucks are not required.

The special diet kitchen should be contiguous to the main kitchen together with nourishment room; also if cafeteria service is to be adopted for nurses and help, such cafeteria should be approached directly from the main kitchen.

Often it is possible and practical to plan for stores and dishwashing on a floor beneath the main kitchen served with stairs and the service elevators.

The dining rooms are necessarily placed in conjunction with the cafeteria.

It is current practice to provide separate dining rooms for student nurses, graduate nurses, doctors, administrative staff, and a private dining room for guests, as well as helps dining room.

Many of Canada's smaller hospitals would necessarily effect a compromise in the provision of separate entities as herein described.

The doctors and administrative staff have waitress service generally, and not cafeteria, although there is a growing tendency for everybody to be served alike.

### Outpatients, Emergency and Admitting Department

The purpose of the hospital is to provide such diagnostic and treatment services as the majority of physicians in their individual capacities can neither well afford nor conveniently use, and so to attract, hold and develop a medical profession that will serve efficiently not only the patients confined in the hospital, but the many patients in the community at large.

It is only when a hospital exercises its full influence in the development of an efficient medical service that it ceases to be merely a building providing for the care of a few sick people and becomes an important factor in the life of the whole community. In the achievement of this larger purpose, two considerations are paramount.

The first consideration is that diagnosis is primary to treatment, and therefore, the hospital should furnish and encourage the use of diagnostic facilities and services for not only the patients in the hospital, but for the sick of the entire community. This will mean a well arranged, equipped and organized out-patient department properly related to the diagnostic equipment and services of the hospital. Such an out-patient department will encourage

the local doctors to use it for both their out-patients and in-patients, and, through the interest and support of the physicians thus acquired, would serve to maintain a normal occupancy of hospital beds with corresponding normal per capita per day cost to patients.

The second consideration is that the hospital as planned shall meet the general needs of the medical profession and not be designed to meet the particular needs of certain specialists.

The doctor who is pressed for time and who conserves his time for scientific study will assemble his patients in the hospital, where in a few hours he can treat under more favourable conditions, as many patients as would require his attention for a full day if they were scattered.

Hospitals now consider out-patient's departments as a real section of a hospital with a certain degree of autonomy and a material organization which needs special accommodation properly designed and fitted to answer the multiple needs of its clients.

When drafting plans for such a department, it should be borne in mind that every department of a general hospital should have its corresponding section in the out-patients department. Another principle has to be observed, that is based on the need of a proper autonomy and facilitates for administration of this kind of department.

Often it is to be noted that a wide variance occurs in the measurement content of out-patient departments, even in hospitals of the same bed capacity. This variance can be attributed to more than one factor. One hospital may be used for undergraduate teaching and the other not. The hospital located in an industrial area has greater demands made upon its out-patients service than one placed in a semi-industrial-residential area.

For instance, in the case of the new Montreal University Hospital, an area of 50,000 square feet is devoted to the outpatients department, whereas other hospitals of the same bed capacity but where undergraduate teaching is not practiced, an area of only 20,000 cubic feet is provided.

A recent computation taken of nine hospitals in North America gives the averages of 26.73 square feet per patient and 1.85% of gross floor area of the hospital for the out-patients department.

The Montreal University Hospital out-patients department is exhaustive in its completeness, nevertheless the principles involved are adaptable to all general hospitals with out-patient, admitting and emergency departments.

The area of 50,000 square feet is contained in a large wing 300 feet long, on which is grafted three other wings 120 feet long.

Patients are admitted through the centre wing in a large hall, with an organized reception counter.

Distribution of patients takes place from this centre to the different sections according to their ailments; such sections including medicine, surgery, gynaecology and obstetrics, urology, skin diseases and syphilis, neurology, eyes, nose and throat.

In close touch, though on another floor, is the department of radiology, and physiotherapy, which in the case of an out-patient's department has a great deal to accomplish. Each of these sections has a waiting room of sufficient capacity, besides the general waiting room.

A great inconvenience in general of an out-patients de-

*(Continued on page 24)*



# The Function of the Nurse in Hospital Planning

By WILLIAM HENRY WALSH, M.D.,  
Chicago, Illinois

IT has often been rightly said that the hospital is one of the most intricate and complicated problems in architecture, engineering, æsthetics and technical detail. Because of the many diverse conditions existing in different communities which affect the type of hospital required, it has never been possible to design one institution that would completely meet the needs of another location, and so every attempt to standardize hospital planning, even in one city or state, has met with dismal failure.

Each hospital, then, must be considered a separate and distinct problem whose details depend upon many factors, such for instance as the character and type of population to be served; the immediate and future needs; the calibre of the medical men available; the economic limitations for construction, equipment and future maintenance; and finally, the real objective of the institution with respect to the standards of service to be rendered. Every one of these points could be enlarged upon at considerable length and many more could be added, but enough has been said to indicate that it is seldom that the solutions to the problems in the planning of one institution are applicable to another, and that no scheme has yet been devised whereby we may set up an ideally planned hospital based on any given "bill of particulars" and assume that it will be suitable or feasible somewhere else.

The planning and construction of a hospital involves three fundamental factors: viz.—function, form, and engineering, and of the three, function must take precedence, since the magnificence of the structure and the completeness of the plant are of no avail if, because of faulty planning, it cannot be made to operate efficiently and economically. The hospital of the present day, therefore, is planned from within—out, as contrasted with a purely architectural conception in which internal function does not so vitally affect the form of the structure, and in no other line of endeavor is the art, science, æsthetics, mechanics, and the constructive imagination of the architect so heavily taxed. The identical principles applying to the planning of a newspaper building, a school, a mill, an audi-



DR. WILLIAM HENRY WALSH,  
*Hospital Consultant, Chicago.*

torium, a theatre, or any other structure intended for highly specialized use, are equally applicable to hospitals, and the accurate designing of all such structures requires, in addition to the architect, the services of technical advisers possessed of vast practical experience in the intricate details of operation.

Vitaly important considerations in the planning of a hospital have to do with the technique of professional service, such as the layout of the operating suite, obstetrical department, laboratories, nurses' service rooms, sterilizing rooms, metabolism, X-ray and physical therapy departments, each of which has to be planned and co-ordinated in such manner as to meet the highly specialized technical requirements of the particular institution under consideration. It is seldom, indeed, that two institutions are identical with respect to these requirements, so that the plans of a hospital which may be wholly satisfactory for one locality may be totally unsuited

to another locality with different medical men and other local variants.

The division of space must be carefully determined in advance so that the number and size of private rooms, semi-private rooms, and wards can be estimated accurately. To do this, requires a study of local social and industrial conditions which, when estimated accurately, will permit the formulation of an equitable ratio. Then, too, with the division of space into various economic classifications, it becomes necessary to consider the customs and habits of each classification so as to provide adequately the necessary bathing facilities, toilets, nurses' stations, solaria, roof gardens, flower rooms, and endless other minor details concerned with comfort demanded by those who are able and willing to meet the added expense.

The proper care and nursing technique of communicable diseases, children, maternity cases, and many special diseases must be thoroughly understood in order that the technique shall be built into the structure, thereby eliminating the hazards inherent in a building which places too much dependence upon the human element.

Very early in the planning of a new hospital the problems incident to the installation of the highly specialized

*This article is of more than usual interest because the course indicated was followed in the planning of the Saint John General Hospital, Saint John, N.B. The author of this article, Dr. William Henry Walsh, who acted as consultant, accords the nursing staff of that institution "a full measure of credit for successful accomplishment."*

equipment and furnishings present themselves, and unless they are wisely handled from the inception of the project, costly mistakes, impractical installations, and unsatisfactory service will be the inevitable end.

It must be evident to anyone with even the most casual knowledge of hospitals that a considerable amount of the special equipment can be properly installed only when it is selected and designed while the building is in course of planning, thereby assuring its proper location and the reservation of adequate space for convenient operation. Furthermore, a considerable amount of hospital equipment which is not included in the general contracts for the building itself, will require connection with electricity, gas, drains, hot and cold water, and other centrally supplied utilities, so that unless the structure is designed to provide adequate outlets properly located, the necessity for making the connections when the building is completed will entail great expense, and in most instances the result will be unsatisfactory and unsightly.

To intelligently select the equipment for a hospital, as indeed in the planning of such a building, those who are responsible should have clearly in mind the exact manner in which the institution is to function. For example, the question of centralized or decentralized service for food, supplies, and sterilization must be definitely settled before much progress can be made in either the designing of the building or the selection of equipment. Likewise, many details concerning the proposed method of admitting and discharging patients, the manner of handling the economic and professional classification of patients, all must be well understood by those who are responsible for both planning and equipment.

#### **Experienced Supervisors Rarely Asked for Advice**

If the architect is charged with the responsibility of drawing plans and preparing specifications for construction and equipment without the official aid of experts with experience in that specialty, he usually turns to the local doctors whose ideas about institutional planning centre upon their own particular specialties, and who seldom appreciate the problems of administration and nursing. Rarely, indeed, are the experienced supervisors called in to offer their knowledge of functional details and whatever they are able to accomplish is usually through others.

Different professional groups and individual specialists have fairly accurate ideas, though too often exaggerated, as to what they require in their particular departments, but each is likely to over-emphasize the importance of his department in relation to the whole. Then, too, few professional men have the ability to read or to visualize blue prints; they have little appreciation of the value of space and the economic factors involved in the construction of a hospital; they do not consider, and sometimes are indifferent to, the proper relation which each unit should have to the other from the standpoint of operation. Thus it happens that when a hospital is planned by an architect who depends solely upon a group of physicians for instructions on his layout, the result is too often a monstrosity, difficult to operate and costly to maintain.

How may the highly specialized knowledge of the trained nurse be best utilized in the planning of a hospital? Before attempting to answer this question it may be stated without reservation that the metamorphosis of the old custodial institution called a hospital prior to the

Crimean War, into the modern, scientific, diagnostic and curative institution of the present day, owes more to the influence of nursing service than to any other single factor, and the nurse herself has, sometimes unknowingly, and almost always unostentatiously, guided the trend of the tremendous changes accomplished.

The nurse who has had supervisory responsibility is intimately acquainted not only with every detail of the functional activity of her own department, but also that of all other units with which she must co-ordinate; she it is who must improvise technique when architectural and equipment provisions are inadequate, and it is the supervisor who must somehow overcome the loss of time due to excessive travel, improperly located utility rooms and inadequate service facilities.

#### **The Nurse is Familiar with Many Problems**

The location, accessibility and adequacy of linen storage; the arrangement of nursing units; the adequacy of toilet, sterilizing and food distribution facilities; the acoustical treatment; the signal system; provision for chart work; janitors' closets; and innumerable other items of architecture and equipment affecting the service rendered to the patients are all problems with which the nurse is daily confronted, and for which, in a poorly planned hospital she is obliged to find a practical solution.

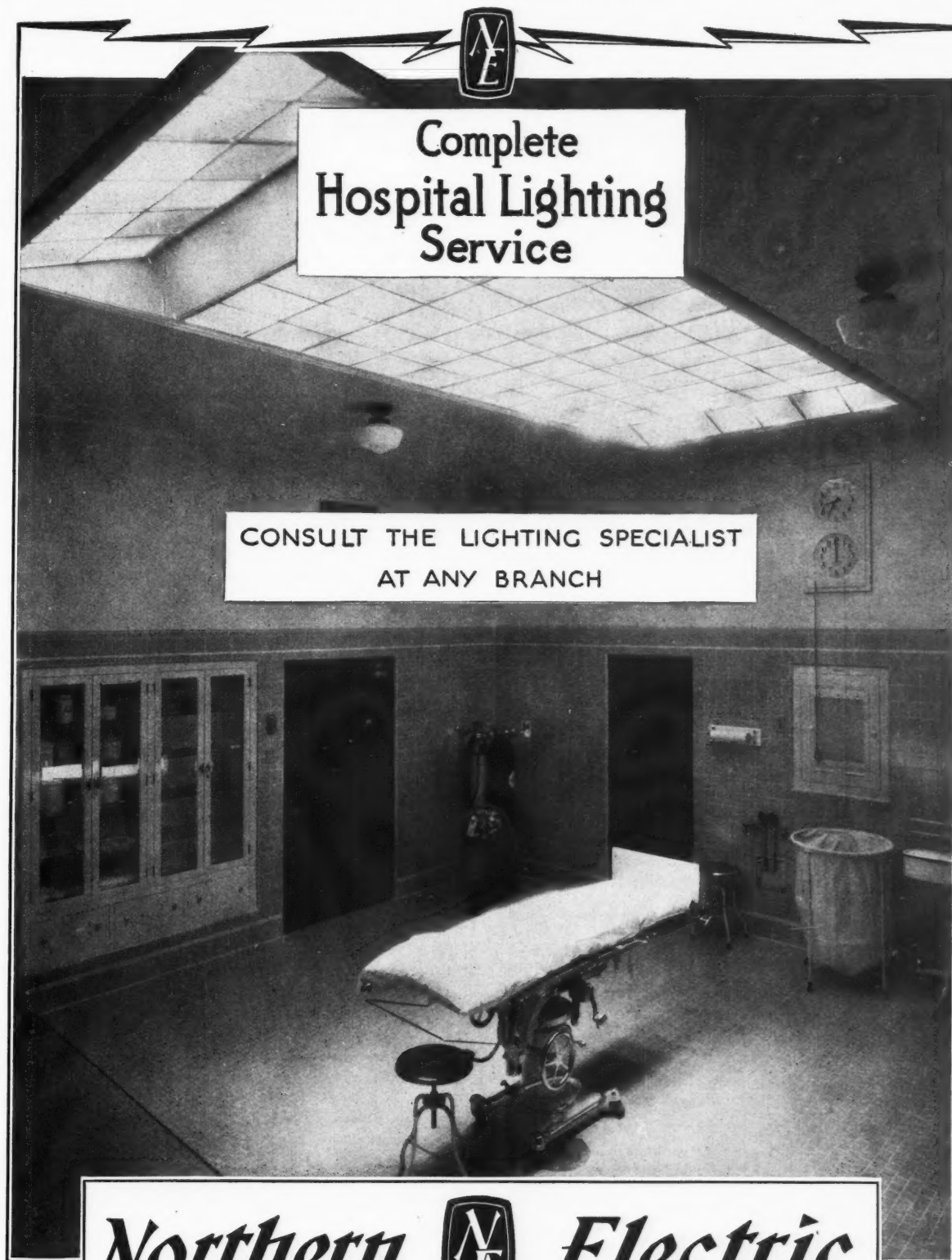
It is therefore not illogical to assume that in the formulation of plans for the internal layout of a hospital and its equipment, and more particularly those parts of it intimately concerned with the actual care of patients, no advice could be more reliable than that of the nurse who has had extensive experience in the actual utilization of the facilities required. But unfortunately in most of the modern planning the voice of the nurse is seldom heard until it is too late to correct glaring mistakes.

It is not intended to advocate that an architect should gather his information from the nursing staff alone, since there are many phases of the planning of such a complex structure which can be worked out more effectively by others. It must also be considered that after the various nurses, doctors, executives and technicians have pooled their knowledge, there must be someone familiar with all phases of hospital activity who can co-ordinate this assortment of ideas, accurately articulate all of the separate units and then present the result to the architect in such manner as to make it intelligible. This latter function is the duty of the hospital consultant.

It is well known that the successful hospital consultant utilizes and appreciates the specialized knowledge and practical experience of nurses and that one of them at least follows the practice of calling in specially trained supervisors to go carefully over the tentative sketches of all of his projects before final plans are drawn. The value of such service is evidenced by the economy in construction and equipment, the smooth running and the economical operation of those institutions.

In conclusion it may be suggested that in every hospital building project it would be in the interests of all concerned if the nurse were given a definite place in the planning program, for which purpose the best results will ensue if a committee be formed embracing the department supervisors and administrative officers. Such a committee should have frequent meetings during the early stages of

*(Continued on page 26)*



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## The Physiotherapy Department in Relation to the Hospital

By KATHLEEN I. McMURRICH,

Member of Canadian Association of Massage and Remedial Gymnastics

THE Physiotherapy Department of a hospital is a unit, usually under the direct control of one service, but co-operating with any of the services as required. Out-patients, both private and public, can be treated in the department or in their beds, depending on the form of treatment and the facilities of the hospital. Since a wide range of physical ills can be benefitted by physiotherapy, it has been proved of infinite value to have a physician in charge of the department who has made a particular study of physiotherapy. He acts as consultant with the other doctors on the staff, and ensures the most effective form of treatment being given for each case, besides observing the course and result of the treatment.

Inasmuch as physiotherapy is a comprehensive term for a great variety of treatments, the department must employ trained workers who thoroughly understand the anatomy and physiology of the human body, as well as the methods of treatment at their disposal. These methods comprise massage and muscle re-education; corrections of deformity by remedial exercise; application of heat in several forms such as light-baths and diathermy; electric stimulation by galvanism, faradism and sinusoidal; and the radiations which produce a chemical reaction such as ultra-violet and infra-red rays. Hydro-therapy is also employed in some hospitals but requires separate quarters. With all the combinations of these modes of treatment that may be used, it is essential that the operators be technically proficient.

The need for trained workers in this field is being met, in Canada, by the introduction of a course in physiotherapy under the auspices of the Extension Department of the University of Toronto. The curriculum is modelled on that of the Chartered Society of Massage and Medical Gymnastics in England, and the students are required to fulfill six months' internship in hospitals after graduation from the two years' course. On graduation they become members of the Canadian Association of Massage and Remedial Gymnastics, under which organization they pledge themselves to accept patients "only under the orders of a registered physician." Thus the hospitals, and the public they serve, are assured of loyalty, and of a standardized efficiency in their workers.

Physiotherapy has proved an important factor in the economy of disease and disability. The Workmen's Compensation Board in Ontario has been saved thousands of dollars in disability allowances and pensions by the use of Physical Treatment. In a recent article by Mr. Tucker of St. John's Hospital, Lewisham, England, some striking facts are given on the value of massage and movement in recent injuries. Dr. Mennell, of St. Thomas' Hospital, London, stated, in an address before the Public Health Congress, that, formerly, any case of Pott's fracture sustained by a member of the Metropolitan Police Force meant permanent release from full duty; now under the

routine of Physical Treatment it is most unusual if a case is not returned to full duty. Large sums are saved in disability pensions, and the Force is spared expensive changes in personnel.

Patients discharged from hospital may find that although they no longer need hospital care, they are not able to carry on their former occupations. In fracture cases, for example, there may be lack of mobility, or muscle weakness sufficient to hamper their movements. Too often the patient accepts this disability as an unavoidable consequence of his injury and does nothing to improve it. Physiotherapy may improve his condition enough for him to return to his "job." The good worker can not only bring about amelioration of the condition but can instruct and encourage the patient in definite ways of helping himself to full recovery.

Every hospital has its quota of patients suffering from diseases known to be incurable, though they may be temporarily arrested. These cases succumb to helplessness and for the period of their existence are a drag upon the community. In a number of these cases, physiotherapy can bring about a sufficient improvement to enable the patient to perform some useful actions for himself. By patiently conserving and educating the powers remaining to him, the patient may improve sufficiently to earn a small income, or to help about the house. In this way he is recapturing some portion of his self respect, and from an economic standpoint is not dead weight.

What can be of greater economic value than training the children to be healthy adults? The posture clinics, held in so many hospitals, have this aim, and certainly do their share to promote a race of up-standing men and women. Correct posture will help deep breathing, and with chest development we have fewer severe colds, to mention only one advantage to be derived. There are also the birth defects, for the physiotherapist to work with. Erb's palsies are not now the crippling deformities of long ago. Perseverance with muscle training and massage, from the earliest months through the growing years, can and does, develop for the small patient a useful arm, enabling him to take up worth while work in the world. Even those pathetic children, the spastics, can, by patient and intelligent training, be brought to varying degrees of independence. May they never be neglected, for even the slightest improvement is of vast importance to them. And in polio-myelitis massage and muscle re-education have long been recognized as invaluable. There are now in some hospitals, therapeutic pools for the treatment of polio and even for the spastics.

Physiotherapy plays a definite part in the programme of a hospital in helping the medical profession send their cases back to normal life in the best possible condition of good health. In many cases it provides the after-care which the physician requires for the best results of his



efforts. Physiotherapy is no vaunted cure-all and its usefulness belongs almost entirely to the convalescent and chronic stages of a disease or injury, but as a means to the fullest possible recovery of function, it can be of the greatest value carried out by a properly qualified worker and its field of service is steadily extending.

### Short Course in Nurse Education at Eastern University

A special course in Nurse Education has just been concluded by the Extension Department of St. Francis Xavier's University, Antigonish, N.S. It covered a period of four weeks, from February 6th to March 3rd, 1933. This course was inaugurated principally for instructors in the various Schools of Nursing in the Maritime Provinces in order to help them qualify for standard requirements.

Professor G. W. Weir of the Department of Education, University of British Columbia, in his survey of Canadian Schools of Nursing recommends a special training for instructors in the following subjects:

- |   |          |
|---|----------|
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| 2. Principles of Education .....              | 30 "     |
| 3. Sociology, (rural, industrial, etc.) ..... | 30 "     |
| 4. Methods of Teaching .....                  | 30 "     |
| 5. Observation and Practice Teaching .....    | 30 "     |
| 6. Mental Hygiene .....                       | 30 "     |
| 7. Educational Seminar .....                  | 60 "     |

As a result of this recommendation, the Extension

Department of St. Francis Xavier's University offered short courses by which nurses receive special training that will better qualify them for the work of teaching. The following subjects were taught in the first period of the course:

- |                                 |          |
|---------------------------------|----------|
| 1. Educational Psychology ..... | 30 hours |
| 2. Methods of Teaching .....    | 30 "     |
| 3. Mental Hygiene .....         | 30 "     |

The professors of this course were: Rev. M. M. Coady, D.D., Ph.D. in Education; Rev. J. Boyle, M.A. in Education (Columbia); Mr. A. F. Chaisson, M.A. in Education (Harvard) and Mrs. A. F. Chaisson, M.A. and special in Mental Hygiene.

Twenty-three nurses from various parts of the Maritime Provinces, most of whom are instructors in Schools of Nursing, registered for the first period. The following hospitals were represented:

Glance Bay General Hospital, Glance Bay, N.S.  
 New Waterford General Hospital, New Waterford, N.S.  
 St. Joseph's Hospital, Glance Bay, N.S.  
 St. Rita Hospital, Sydney, N.S.  
 St. Martha's Hospital, Antigonish, N.S.  
 St. Joseph's Hospital, Saint John, N.B.  
 Hotel Dieu Hospital, Campbellton, N.B.  
 Hotel Dieu Hospital, Chatham, N.B.  
 Hotel Dieu Hospital, Tracadie, N.B.  
 Hotel Dieu Hospital, St. Basils, N.B.  
 City Hospital, Charlottetown, P.E.I.

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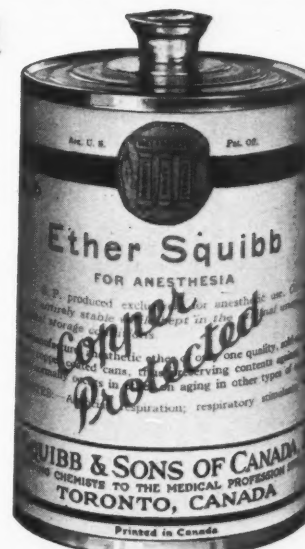
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## Hospital Aid News

A meeting of the Advisory Committee was held at the Royal Connaught Hotel, Hamilton, on January 24th, when all members of the committee were present.

Plans were made for the annual meeting to be held Oct. 25, 26, 27, at the Royal York Hotel, Toronto, conjointly with the Convention of the Ontario Hospital Association. It is expected that this meeting will be one of the most interesting of our annual meetings. Announcements will be sent to all affiliated Aids in time to make plans early.

A resolution of sympathy was graciously expressed by Mrs. Walter G. Wood, of St. Catharines, and placed on the minutes, expressing sorrow for the passing of Mrs. (Dr.) Irwin of Collingwood, who will be tenderly remembered for her many good works. Copies of the resolution were sent to her brother, Mr. D. Williams, and to Dr. Irwin and family.

Congratulations were expressed to Mrs. Bodley, secretary, who received a life membership in the Brantford Hospital Aid, having been the treasurer of the Brantford Aid for five years.

Mrs. F. J. Greenaway and Mrs. A. T. Edwards, both of London, were similarly honored by the Victoria Hospital Auxiliary, London, at a tea held recently. Mrs. Greenaway and Mrs. Edwards were past officers and active workers in the Victoria Aid. Plans were made at the advisory meeting to get in touch with all Aids in Ontario with a view to having inspirational meetings throughout the province.

The Chatham Assisting Society held its annual meeting recently and report a very satisfactory year. Chatham is a very enthusiastic Hospital Aids centre, having four active Hospital Aids in the community, namely, St. Joseph's, The Assisting Society, Junior Guild, Heather Club and North Harwich Aid.

We extend congratulations and best wishes to Mrs. Frank R. Scott, newly elected president of the Western Hospital Auxiliary, Toronto, and to Mrs. A. W. McClelland, the newly elected secretary.

We would like to hear from all Hospital Aids in Ontario.

The fees (three dollars per year per Auxiliary) have been coming in surprisingly well. We thank the officers of the various Aids for their promptness. No Auxiliary is too small and none too large for membership within the Provincial Association.

A Hospital Auxiliary is being formed, in connection with the Scott Memorial Hospital, Seaforth.

\* \* \*

### Chatham Society Annual Meeting

At the 1931 annual meeting of the Chatham Ladies' Assisting Society, the society, under the presidency of Mrs. James Baker, decided that the Public General Hospital needed an elevator, and at a cost of \$6,000 the ladies starting out in 1931 with this as their objective. At the close of 1932 Mrs. W. R. Irwin, treasurer of the society,

reported that a balance of \$1,653.75 had been paid and that the elevator was now installed, free of debt.

This and many other interesting facts were recorded in the annual meeting held recently. Mrs. Charles Keller, the secretary, reported that under the guidance of the president, Mrs. J. A. McLean, the year had been a most happy and profitable one. The society has 58 active members and the 57 life members. Regret was expressed at Mrs. Oliver's continued illness and over the passing of Mrs. Campbell, Miss Murray and Mrs. Powell. The secretary also tendered thanks to Miss Priscilla Campbell, and her staff, to the Ministerial Association and to The Press.

The treasurer, Mrs. W. R. Irwin, reported that the total receipts amounted to \$1,806.92. Of this amount, \$987.35 was the net proceeds of tag day and the balance was made up of membership fees, collections, returns from chances on the silver service, and from various social activities.

Mrs. Fred Stover, corresponding secretary, reported 135 letters written and 54 received.

Before vacating the chair the president congratulated the officers on their excellent reports, which showed, that in spite of the depression the year, thanks to the co-operation of all the members, had been a most happy and successful one. She also expressed thanks to the Hospital Board for the assistance given at different times in helping with the elevator debt, to the executive for their loyal support, to Miss Campbell and her staff for their courtesy, and finally to The News for their co-operation in placing the work of the society before the public.

The slate of officers presented by Mrs. J. Park was as follows: President, Mrs. J. A. McLean; 1st vice, Mrs. Oscar Campbell; 2nd vice, Mrs. W. W. Scane; recording secretary, Mrs. Duncan Keats; assistant, Mrs. A. B. Fulmore; treasurer, Mrs. W. R. Irwin; assistant, Mrs. H. T. Eaton; corresponding secretary, Mrs. H. E. Grosch.

### Windowless, Noiseless Operating Room is New Development

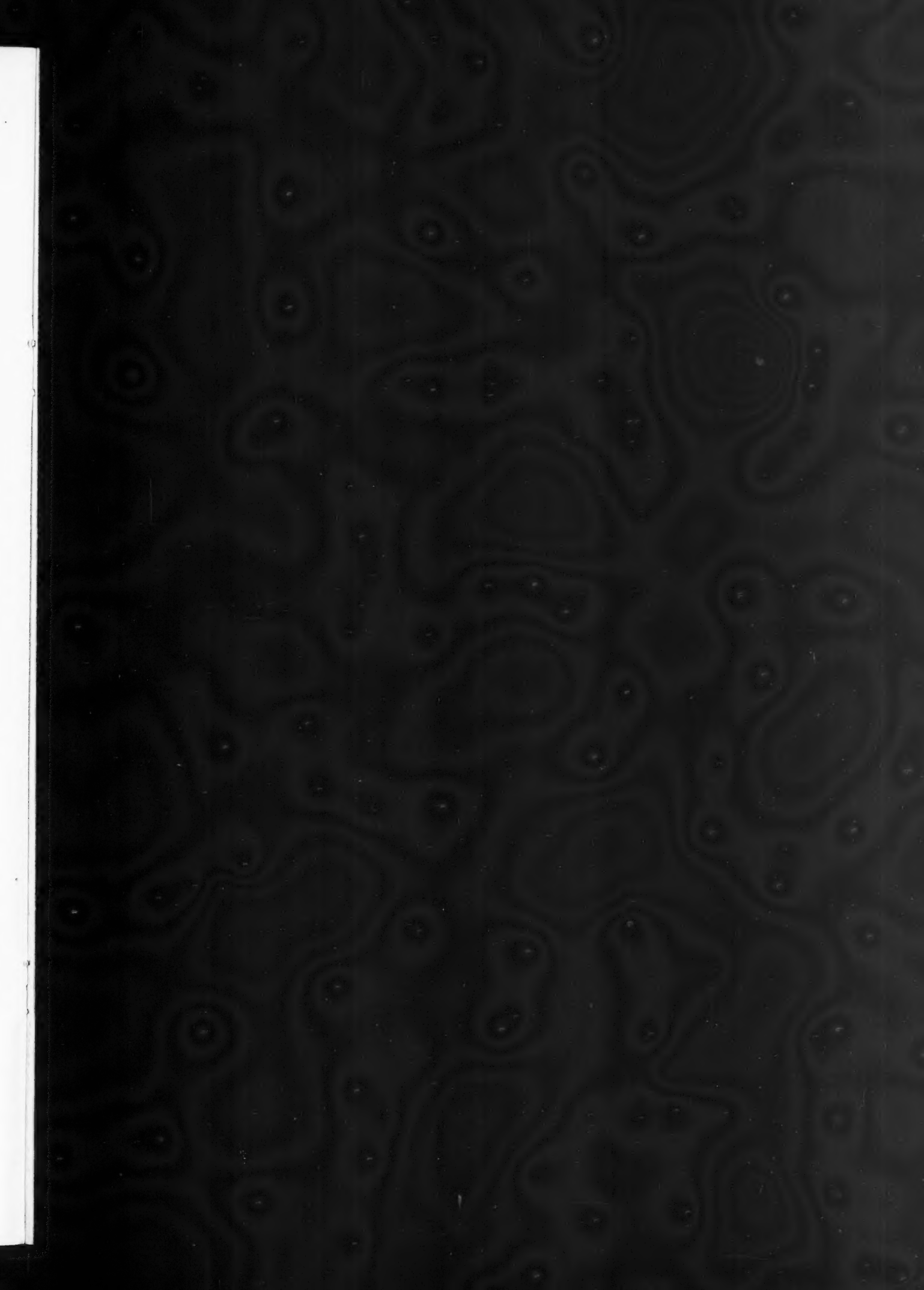
A unique surgical operating room, windowless, sealed against all outside noise, and equipped with loud speaker amplifier devices is now among the facilities of the Presbyterian Hospital of the Columbia University medical centre, New York City.

The room is part of the equipment of the Institute of Ophthalmology. Rising out of its hermetically sealed roof is a glass dome, projecting into the middle of an upper storey, which is a "lecture room" for students, who can look through the dome at the operation below them.

There are seats for 16 students around the dome, and loud speakers to amplify soft spoken words of the surgeon whose work they are watching.

George Nichols, architect of the James Gamble Rogers Company, designed the operating room under the personal direction of John M. Wheeler, M.D. Dr. Wheeler is the ophthalmologist who operated for cataract on the eye of King Prajadhipok of Siam.

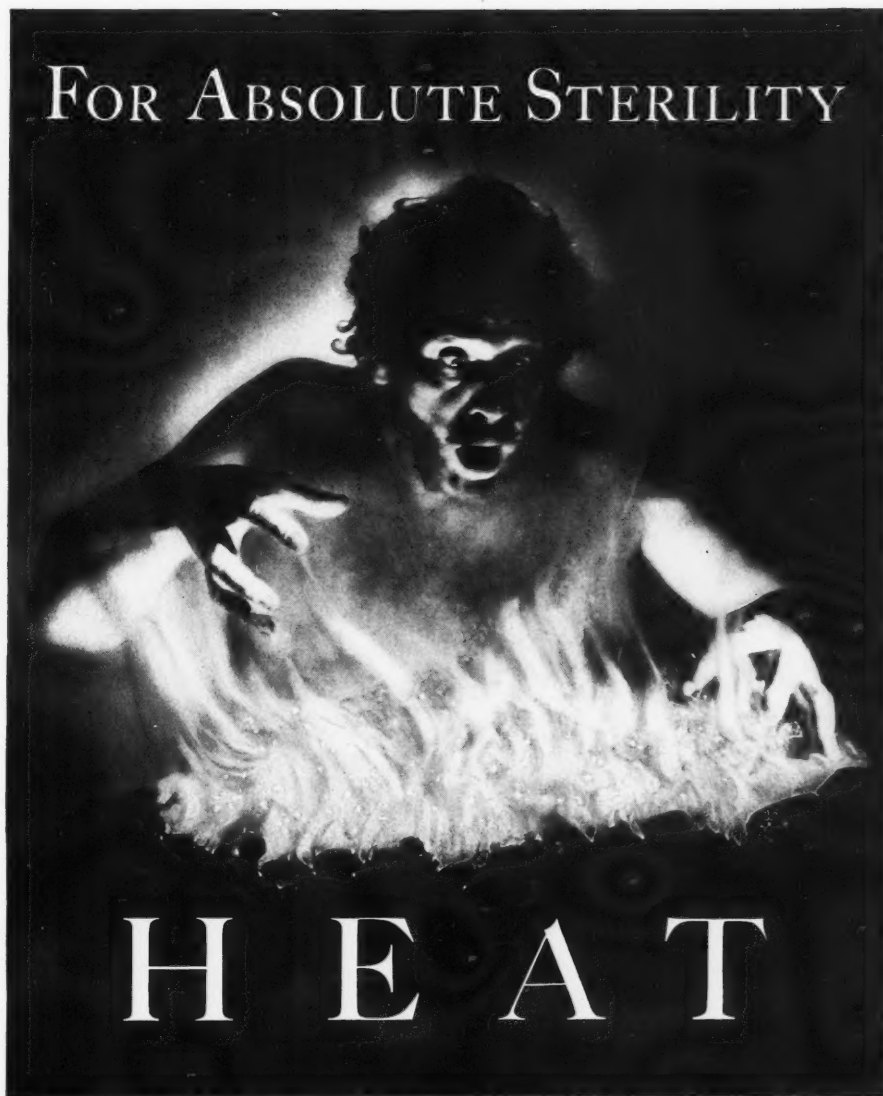
REGINA, SASK.—The General Hospital Board has decided to purchase 18 electric refrigerators, at a cost of \$5,694.







FOR ABSOLUTE STERILITY



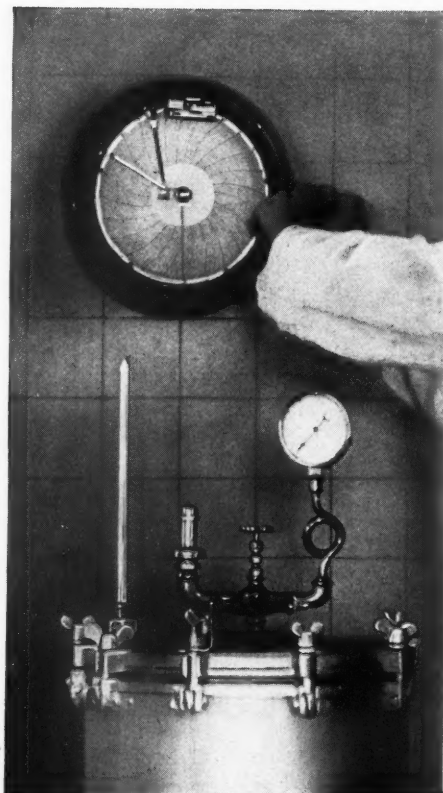
HEAT

Absolute sterilization of surgical sutures is accomplished by HEAT when (and if) the temperature is *high* enough and the exposure *long* enough to assure ABSOLUTE extermination of all bacterial life. The severity of this method necessitates the highest quality of raw materials and an extremely accurate regulation of each step in the process. It is employed for the sterilization of *D & G Sutures* because we believe no other method is as dependable and none approach its factor of safety.



*D&G Sutures* are completely dehydrated to render them susceptible of heat sterilization. The heat is applied by progressive steps and is maintained for several hours. This intense heat sterilization exceeds the most rigid bacteriologic requirements and assures complete destruction of both the spores and vegetative forms of all anaerobic as well as aerobic bacteria.

Each step in the manufacturing and sterilizing processes of *D&G Sutures* is safe-guarded by a triple check. Triple temperature controls are maintained and recorded: each sterilizer being equipped with sealed self-registering thermometers, indicating thermometers and recording thermometers. In addition, the sterilizer attendant records the temperature on charts at frequent intervals.



The method employed for verifying the sterility of *D&G* Sutures embodies the latest developments in bacteriologic technic; including all the essential details of the standard method proposed by Meleney and Chatfield<sup>1</sup>, together with the additional controls and technic developed and recommended by Clock<sup>2</sup>. Under these bacteriologic tests—the most rigid ever devised for testing catgut, *D&G* Sutures have always been found sterile.

Positive verification of sterility requires that the incubation period be long enough for slow-growing anaerobes to develop, if present. Therefore, all specimens of *D&G* Sutures, taken at random from



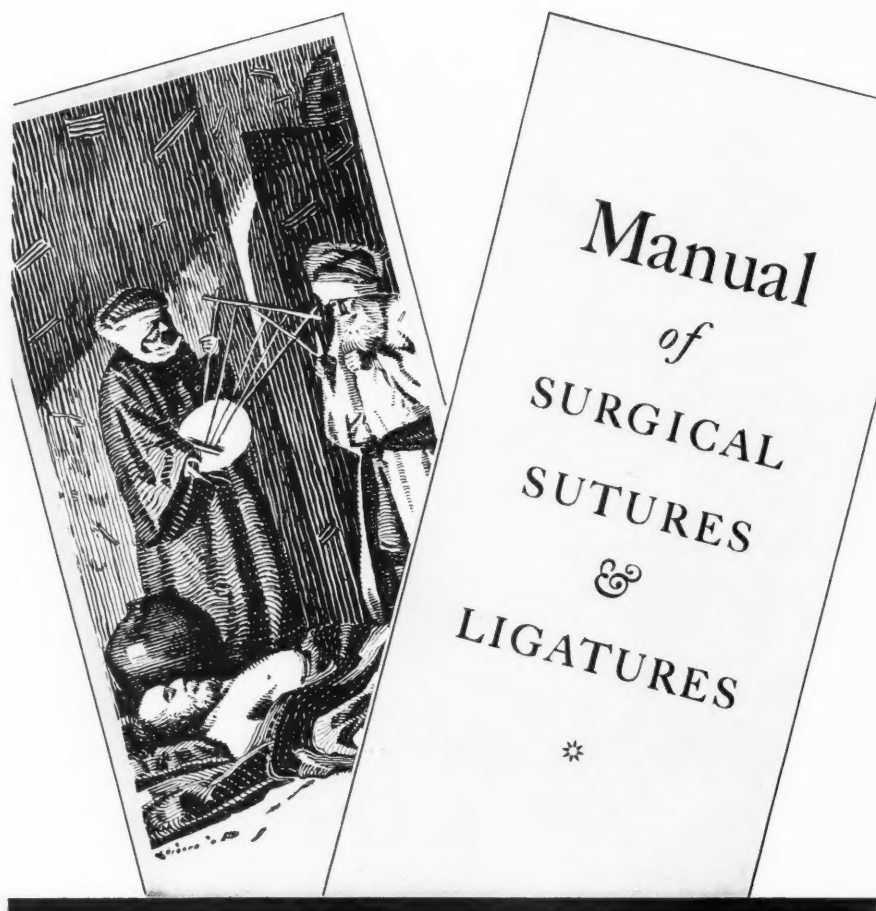
every lot of sutures manufactured, are incubated for *fifteen days*. During this period, all lots of sutures are stored in locked compartments and are not released until the bacteriologic tests of the specimens taken from them have been completed and approved.

In addition to the tests conducted in our own bacteriologic laboratory, duplicate specimens of *D&G* Sutures are sent periodically to an independent bacteriologist who employs similar methods for verifying their sterility.

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<sup>1</sup> Meleney, Frank L. and Chatfield, Mabel: "The Sterility of Catgut in Relation to Hospital Infections," *Surgery, Gynecology and Obstetrics*, Feb. 15, 1931, 430.

<sup>2</sup> Clock, Ralph Oakley: "The Fallacy of Chemical Sterilization of Surgical Catgut Sutures," *Surgery, Gynecology and Obstetrics*, Feb. 1933, LVI, No. 2.



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### St. Mary's Hospital Plans Have Been Completed

Plans for the new St. Mary's Hospital have been completed and tenders for the undertaking will be called for shortly.

The main building, of cruciform plan in a free treatment of the Gothic, consists of eight main floors and the whole design has been adapted to the modern requirements of hospital construction, and developed with a view to using domestic materials and labor. Of fireproof construction, the main building will contain 200 beds, with a separate power and laundry plant adjoining, connected by a tunnel. The frontage of the hospital will be 275 feet from east to west, and 160 feet from north to south.

The ground floor will house the out-patient department, with an emergency operating section, the main kitchen, diet kitchen and staff service. On the first floor will be situated the administrative offices, internes' quarters, the radiological department, facilities for hydro-therapy and the clinical laboratories. The public wards are on the second floor and vary in size from two beds to six beds. Provision is also made on this floor for psychopathic and special treatments.

Private rooms are on the third floor, and the fourth is devoted to the surgical department. The operating pavilion is complete with well-equipped rooms and occupies an entire wing. The obstetrical department, situated on the fifth floor and also occupying a wing, is fully equipped with nurseries and children's wards.

A chapel is provided, with accommodation for 140 people. On the roof of the main building will be a solarium, divided for men and women, and open terraces will be built for the use of convalescent patients. Solaria are also provided at the end of each wing containing the public and private wards. Ample grounds surround the hospital, to be laid out and embellished with formal planting. Canadian brick and stone will be used throughout in the construction of the building, and the plans provide for future hospital wings, and residence for the nurses and nursing sisters, the Grey Nuns, who have long taken an active interest in the hospital. The nursing staff will be accommodated in the upper floors of the building until provision can be made for them in their own quarters.

The new hospital will be located in Cote des Naiges; it will be bounded on the north by Lacombe, on which it will front, and by Cote des Naiges Avenue on the east. On the south it will be bounded by a street which is not yet opened to be called Claude, and on the west by another new street, Legare.

MONTREAL.—The Annual Ice Carnival for the benefit of the Montreal Children's Hospital, will be held at the "Forum" on Friday evening, March 17th.

The Carnival is again being sponsored by the Westmount Rotary Club.

Ambitious plans are in preparation for the Programme which will include the best fancy skaters in Canada. Members of the Winter Club, Montreal, and the Toronto Skating Club of Toronto, will take a prominent part in the festivities, and a real treat is in store for the large audience that invariably patronizes this annual event.

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No. 3

## *The Nurse as an Adviser on Practical Matters*

**H**AS the source of many valuable time and labour-saving suggestions been unwittingly overlooked in failing to call the nurse into consultation on hospital building projects? So it would seem, although a step in the right direction was taken when plans were being drawn up for the Saint John General Hospital. Dr. William Henry Walsh, eminent hospital consultant of Chicago, is of the opinion that the nurse has some very pertinent suggestions to offer the hospital architect from the fund of her experience. This is the opinion which he expressed in his article "The Function of the Nurse in Hospital Planning," which appears in this issue.

It would seem that the chief contributions of nurses are in the direction of providing adequate service facilities, and it is said that the ingenuity of some in devising schemes for eliminating lost motion is noteworthy.

Nurses, as a rule, want as much technique as possible built into the structure, so as to eliminate insofar as possible dependence upon the human element. For example they are likely to want the nursery planned in such a way that it cannot be entered easily by anyone casually passing by, and in this same unit they want facilities for washing hands so conspicuous "as to attract the attention of the blind," to quote Dr. Walsh. These details, of course, are aids to aseptic technique, and good technique can best be maintained when all conditions are conducive to their execution.

Dr. Walsh finds that although several nurses in one group may have been trained in different schools and consequently have divergent ideas about the accomplishing of the same objective, that there is seldom any disagreement over the principles involved, so that it becomes the duty of the architect and the consultant to reconcile the minor

differences of opinion in order that the fundamental ideas involved may be accomplished to the satisfaction of all concerned.

It is to the institutional nurse adviser's credit that she is inclined to be modest in her demands. Seldom has she extravagant ideas, rarely will she suggest lavish and unnecessary expenditures for useless fads and passing fancies. In other words, she is a prudent and sensible soul whose suggestions should be carefully considered.



## *American College of Surgeons Extends Its Service in the Hospital Field*

**T**HE Twentieth Year Book of the American College of Surgeons has just been issued. It is a well printed, well bound volume of nearly five hundred pages in all, and it gives a most comprehensive report of the activities of the College throughout the United States and Canada.

In their report of Hospital Standardization for the year 1932, they give an outline of what they are accomplishing in their endeavors to raise the standard of hospital service and to promote the right care of the sick and injured.

The following paragraphs from the report indicate the tremendous amount of time and effort involved in providing our hospitals with the advice and information necessary to the furtherance of this movement. It is gratifying to know that a steadily increasing number of hospitals is benefitting from this service.

Throughout the year the Hospital Research and Information Department has carried on investigations and studies of different phases of hospital administration and service. It has also furnished hospitals with information required in the solution of their problems. The data amassed from the 30,000 individual surveys, the largest single accumulation in the world of actual findings dealing with hospital problems, show that the College is in a position to carry on this work with facility.

The Hospital Research and Information Department operates through the following channels: (1) Carries on studies and investigations of different phases of hospital service; (2) Loans carefully compiled package libraries and abstracts of hospital literature on any particular subject or problem; (3) Answers specific questions through correspondence; (4) Makes personal visits to hospitals to assist in solving their problems; (5) Organizes and catalogues hospital facilities in metropolitan areas for the purpose of assisting hospital executives and personnel in securing information during observation tours; (6) Stimulates increased efficiency in hospital planning and construction, equipment, organization, administration, and service.

Studies from the previous year have been continued, such as the standardization of surgical dressings, ratio of personnel to patients, organization plans, and other studies of value to the hospital field. In addition, attention has been directed this year to medical, surgical, and hospital equipment, instruments, and supplies.

Findings from the field investigations during the past 15 years have convinced the College beyond any doubt that medical, surgical, and hospital equipment, instruments,



and supplies when in the hands of skilled workers play a very important part in the care of the sick and injured. For this reason and in response to the insistent demand of hospital executives, Fellows of the College, and others, the College has interested itself in the fundamental and practical principle that the equipment, instrument, or article assures proper service to the patient when in skilled hands and at all times measures up to the claims of the manufacturer.

From the foregoing it will be readily seen that the College adheres to the principle of basing its approval on service to the patient, believing that therein lies the best test for all medical, surgical, and hospital equipment, instruments and supplies. To this end the Committee on Approval of Medical, Surgical, and Hospital Equipment, Instruments, and Supplies has examined a large number of applications for approval of products, a report of which will be issued later. This is but one of the ways through which the College endeavors to further extend its services to the hospital field.



### Quebec's County Health Centres Effect Decrease in Mortality

**C**ARRYING the gospel of hygiene and health to more than 800,000 residents in 36 counties in the Province of Quebec, the 28 county health units of the province have fully justified the endeavors of the promoters of the movement.

Since the establishment in 1926 of the first county health unit infant deaths dropped from 11,666 in that year to 9,443 in 1931, according to Dr. Alphonse Lessard, director general of the Quebec Provincial Health Department.

The total number of lives saved by this drop in infant mortality during the six years totals 7,823.

During the fiscal year just ended, a total of 306,198 persons attended the public or special lectures given by the sanitary inspectors and nurses in charge of the health centres. This was followed up by the distribution of 441,771 pieces of educational literature, prepared specially for mothers and children. The local press has supplemented the campaign by the free publication of 250 articles. Furthermore, 66,467 personal interviews and 55,852 letters were registered.

In the child hygiene section alone 165,130 children were examined at the clinics, at home and at school.

The detection and control of infectious diseases has been very effective, particularly since the creation of a special section of epidemiology. A total of 5,089 cases were reported, as compared with 4,505 the previous year, which necessitated 2,651 investigations in 4,282 homes, with supervision of 13,049 contacts or suspects, and isolation of 3,344 persons.

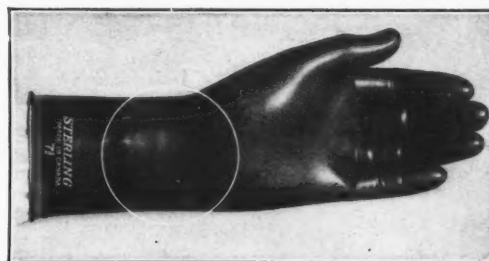
The campaign against tuberculosis is proceeding actively, in the health units, with the organization of tuberculosis dispensaries, and of travelling clinics. A total of 23,893 persons were examined, of which 2,185 were diagnosed as suffering from active tuberculosis. The nurses have made 13,540 visits in the homes, giving the necessary advice and care.

(Continued on page 23)

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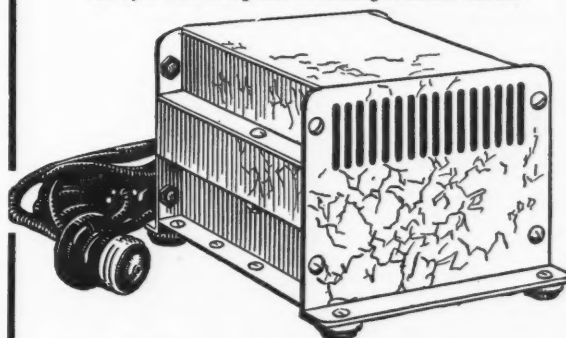
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## News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,  
and Personal News of Hospital Workers*

AMHERST, N.S.—The Ladies' Hospital Aid of this city have issued their annual coin calendar in aid of Highland View Hospital. The calendars have perforations in which may be inserted 16 ten-cent pieces. The calendars are distributed to householders and offices and are later called for. This is their only method of collecting money for the hospital, and it has proved very successful.

\* \* \*

GALT, ONT.—Mrs. Hugh McCulloch, who died recently, left a donation of \$10,000 to the Galt Hospital, the money to be invested in trust and the interest to be used each year to keep in repair and to replenish the furnishings of the Hugh McCulloch Memorial Nurses' Home. When the home was built in 1920 by R. O. McCulloch, Galt, and Mrs. Charles A. Shearson, Toronto, it was furnished throughout by the late Mrs. McCulloch.

\* \* \*

HAMILTON, ONT.—Following a visit to the Children's shelter early in February, the Board of Control held a

lengthy private session to consider the proposed survey of the health and nursing services of the city, with a view to possible amalgamation.

Two outstanding medical men and two women prominent in nursing and social service work have been approached to make the survey.

\* \* \*

LISTOWEL, ONT.—The Trustees of the Listowel Memorial Hospital have inaugurated what they term a hospital care contract.

To any family in the Town of Listowel or surrounding country contributing \$10, or to any individual contributing \$5, the Memorial Hospital pledges to give any one member of a family, or individual, who, in case of sickness or accident, may require hospital service during the year, two weeks' hospital care. It does not include any extra expense that might be incurred in the operating room, etc., nor does it cover doctor's fees or medicine.

\* \* \*

LONDON, ONT.—The Nurses' Training School of Victoria Hospital is this year celebrating its jubilee. The school was established for the training of nurses in connection with Victoria Hospital in 1883, the hospital organization ante-dating this by some years.

Tentative plans for the fitting celebration of the jubilee are being made and it is expected that this year's graduation will be marked by special events in recognition of the 50th anniversary of the school.

\* \* \*

LONDON, ONT.—Following their new policy, the Ontario Hospital Training School for Nurses did not admit a new class of probationers in February, as is the usual custom. The first probationers to be admitted this year will be the class of next October.

Student nurses are to a certain extent being replaced at the Ontario Hospital by graduates, reports Miss Mary L. Jacobs, superintendent of nurses. Graduates of the Ontario Hospital, after registering, receive appointments as ward nurses, and on the same basis graduates of general hospitals, with post-graduate records at Ontario Hospitals or graduates of the Ontario Hospital at Whitby, receive appointments. The staff is maintained at its usual number, graduates doing the work ordinarily done by third-year students. There is no additional cost and the plan is providing employment and maintenance for a number of graduate nurses during a difficult period and lessening to some extent the number of students preparing for graduation.

\* \* \*

MONTREAL.—Dr. J. C. Meakins, of McGill and the Royal Victoria Hospital, prominent local physician, was

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elected as president-elect of the American College of Physicians, at their meeting in this city. This means that he will become president of the college for the year 1934-35. The president for 1933-34 is Dr. G. M. Piersol, of Philadelphia, who was inducted in succession to Dr. F. M. Pottenger, of Monrovia, California.

\* \* \*

MONTREAL.—Since the Montreal General Hospital opened its doors in 1821 until December 31, 1932, some 291,641 patients have been admitted, and the consultations in the outdoor department have totalled 4,028,899. These figures are for the central division of the General only.

\* \* \*

MONTREAL.—Dr. A. K. Haywood and Dr. Basil C. MacLean, both graduates of McGill University, have had the honor of being appointed by the American Hospital Association to a council for the study of community relations. Dr. Haywood was formerly superintendent of the Montreal General Hospital, and is now in charge of the Vancouver General Hospital. Dr. MacLean was president of the McGill Students Society from 1924 to 1926.

\* \* \*

MONTREAL.—Demands on the part of a delegation representing the Hebrew Consumptive Aid Association for a grant of \$150,000 from the Quebec Government in order to build a 100-bed hospital for incurable Jewish patients on Sherbrooke Street East, were met by the Hon. L. A. Taschereau, K.C., premier, with the frank declaration that the Government under present economic conditions, cannot assume further financial commitments.

\* \* \*

MONTREAL.—Pourparlers will be instituted shortly between officials of the Radium Institute of Montreal and the Notre Dame Hospital regarding the possibility of the former institution being moved into the St. Paul Hospital, Sherbrooke Street East, facing Lafontaine Park, which is being abandoned by the Notre Dame Hospital as an institution for treatment of contagious diseases.

The Radium Institute, devoted to the treatment of cancer under Dr. J. E. Gendreau, is at present situated in the old Maisonneuve city hall on Ontario Street East, near Pie IX Boulevard. That building has been taken over by the Federal Government and will shortly be converted into a post office.

\* \* \*

MONTREAL.—The Karnak Ladies' Social Club, which has given assistance in various ways to the Shriners' Hospital, on February 16th experienced the satisfaction of seeing the completion of a project begun four years ago, that of securing a hydro-therapy pool for the hospital on Cedar Avenue. Members of the club visited the hospital, and, following the dedication of the pool, they were enabled to observe what the new acquisition means in the treatment of crippled children. Four children went through their exercises in the water, demonstrating the efficacy of the hydro-therapy facilities, the buoyancy of the water enabling the children to perform movements without fatigue.

Miss Margaret E. Orr, lady superintendent of the

Shriners' Hospital, voiced the appreciation of the staff for the gift of the pool.

\* \* \*

MONTREAL.—Discovery that vitamins apparently are helpless in improving health without aid of a "silent partner" in the stomach—perhaps improving knowledge of how food affects disease—was reported before the American College of Physicians at their seventeenth annual clinical session.

Experiments seem to show, said Dr. William B. Castle of Boston City Hospital, that action of some vitamins in curing "deficiency diseases" depends on the help of a mysterious process in the patient's digestive tract. Some "deficiency" diseases are anaemia, rickets, scurvy and beriberi.

Dr. Castle described his discoveries in the John Phillips Memorial Prize oration. The John Phillips Memorial Prize of \$1,000 has been awarded to him by the College of Physicians for this work.

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MONTREAL.—Medical implements in use during the days of Jeanne Mance, founder of Montreal's first hospital and pioneer nurse on the North American Continent, and documents of historical value and importance of the first part of the 17th century in Montreal were included among the exhibits at the Hotel Dieu in connection with the meeting of the American College of Physicians.

The exhibits prepared by Sister Morissey, reviewed the history of Jeanne Mance's activities in Ville-Marie and some of the outstanding dates in the history of the Religieuse Hospitalieres de St. Joseph who operate the Hotel Dieu.

Old mortars, pots and other articles in use for the preparation of medicinal herbs and liquids were on view with documents, bearing the signatures of the great Louis XIV, Paul Chomedey de Maisonneuve, founder of Montreal, D'Aillehoust, first magistrate of Ville-Marie, and Basset, the settlement's first notary, Gen. Amherst, Gen. Guy Carleton and several others.

\* \* \*

NEW WESTMINSTER, B.C.—The entire staff of the Royal Columbian Hospital, exclusive of student nurses, have made a voluntary contribution of 10 per cent. of their salaries for the current year as their contribution towards measures designed to meet the financial stringency. The offer was gratefully accepted by the directors.

\* \* \*

ORILLIA, ONT.—Possibility of legislation in Ontario which would permit sterilization of the unfit as an economic and social measure was forecast by Dr. Sidney J. W. Horne, superintendent of the Ontario Hospital here, in an address before the "Y's" men's club, in which he revealed that 94 per cent. of the members of the American Association for Care and Study of the Feeble-Minded were strongly in favour of such action.

\* \* \*

PRINCE ALBERT, SASK.—A new superintendent of nurses and a new operating room supervisor reported for work at the Victoria Hospital on February 1st.

Mrs. Jean S. Harry is the new superintendent and Miss Irene White the new operating supervisor. They replace Miss M. A. Coristine and Miss Edith Hosler, who held the posts of superintendent and operating supervisor respectively.

Mrs. Harry is a graduate of Winnipeg General Hospital. She was formerly operating room supervisor and instructress of nurses at the Royal Inland Hospital, Kamloops, B.C. She took post graduate work at the King George Hospital for communicable diseases at Winnipeg.

She served overseas for three years with the Queen Alexandra Imperial Nursing service and has in turn occupied posts of supervisor of women's surgical wards, obstetrical wards and men's surgical wards, the last post entailing responsibility for 150 beds.

Miss Irene White is also a graduate of Winnipeg General and was formerly night supervisor of the obstetrical ward and operating room. She has specialized in and taken a post graduate course in operating room technique and obstetrics.

\* \* \*

QUEBEC.—A bill incorporating the new Jewish General Hospital, Montreal, was passed by the Private Bills Com-

mittee of the Legislative Assembly on February 7th, without major amendment.

The act of incorporation provides for organization and government of the new hospital along lines similar to those on which other institutions of the same kind are conducted in the City of Montreal.

\* \* \*

RIVER GLADE, N.B.—The new building at the Jordan Memorial Sanatorium, practically completed, was put in use during January. The addition cost \$50,000 and replaces in part the building destroyed by fire last year.

The sanatorium, which is filled almost to capacity, is under the direction of Dr. P. M. Knox as superintendent.

\* \* \*

STRATFORD, ONT.—The matter of remodelling and equipping a room in the General Hospital for a children's ward was taken up at a meeting of the Women's Hospital Aid held in February. It was decided to ask the Hospital Trust to procure estimates on the cost of the undertaking and report to the members of the Aid.

\* \* \*

STRATHROY, ONT.—Mrs. Nellie Malone, graduate of Harper Hospital, Detroit, was appointed superintendent of Strathroy General Hospital, to fill the vacancy made by the resignation of the former superintendent, Miss Anne Burgess. Mrs. Malone is a former resident of Strathroy.

\* \* \*

TORONTO.—F. H. Oram, head gardener at Western Hospital, died suddenly on February 20th, just after he had arrived to start work. Mr. Oram, who apparently was in the best of health, walked into the hospital and suddenly collapsed.

\* \* \*

TORONTO.—The Ontario Government's radium emanation plant in the Physics Building, University of Toronto, is now in operation, and has already sent out radon seeds to Ontario cancer clinics, according to Hon. Dr. J. M. Robb, Minister of Health. The plant is in charge of John D. Leitch, Department of Health physicist, who designed and built it.

\* \* \*

TORONTO.—The application of the Women's College Hospital for a grant toward a new building was deferred to the estimates by Board of Control on February 1st.

The city gave an undertaking a couple of years ago that it would contribute an amount equal to 50 per cent. of funds raised by the hospital in a campaign for contributions, the maximum amount of the grant to be \$200,000.

Last year the board recommended a grant of \$183,000, but the recommendation was later rescinded.

\* \* \*

TORONTO.—To create more public ward beds to cope with a long waiting list, Toronto General Hospital authorities have thrown open a whole floor of the new private pavilion. It will be used exclusively for working men's compensation cases. This means that injured workmen will, in many cases, have individual rooms and more or less luxurious surroundings.



"We feel in meeting our obligations to the public we were obliged to make this move to meet an emergency situation," said Superintendent C. J. Decker. "This means the entire main building will be devoted to public ward cases and we will have 45 more beds which are urgently needed."

\* \* \*

VANCOUVER.—Final details of working drawings for the new Crippled Children's Hospital here are now being completed by Architect Wm. Fred'k. Gardiner of this city, and it is expected that tenders for its construction will be invited at once.

Plans were approved by the Crippled Children's Hospital Association at its recent annual meeting.

Clearing of the site, which is between 59th and 60th Avenue and Manitoba and Columbia Streets, is now completed.

\* \* \*

WINDSOR, ONT.—Adjutant Alice Brett, formerly of Toronto, is now in full charge of Grace Hospital as superintendent, replacing Major Robina B. Macauley, who retired on February 1st.

\* \* \*

WINNIPEG.—A compulsory hospital tax, or health insurance, payable by all gainfully employed persons through a percentage of their earnings and entitling them to free hospitalization on the basis of public-ward costs has been recommended to the city council as a subject for serious and immediate study by Aldermen Rice-Jones and McKerchar, who compose the special sub-committee studying the city's present big bill for public-ward patients.

During 1932 the city paid a total of \$378,970 for public-ward patients in local hospitals, while if the costs of the municipal hospitals be added the net cost of the city last year for free hospital treatment was \$695,776, or more than \$2,000 per working day.

### Quebec's County Health Centres Effect Decrease in Mortality

(Continued from page 19)

The personnel of a health unit in a county, or two neighbouring counties, includes a doctor with a special public health training, two, three or more nurses according to the needs of the population, a sanitary inspection and a secretary, all giving their whole time to the work.

The Provincial Government pays the larger part of the costs of each unit and the counties the rest.

Proof of the great benefit of these units is not only to be derived from comparing death statistics since the establishment of the first units but is quite as evident through the large number of school children examined by the various units and sent on the path to better health through treatment given in time. Otherwise a great many children would have been far advanced in disease before the fact was detected by their parents.

Because of the present economic situation it is not likely that any new centres will be established this year, but the movement is expected to gain momentum as soon as conditions improve.

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**General Problems of Hospital Construction**

(Continued from page 6)

partment is the large number of out-patients circulating in the corridors. This problem has been solved by building in each department an independent corridor, which permits personnel and patients to move from one point to another without interfering with the general traffic.

At one end of each section there are two cubicles wherein the preliminary record for each patient is prepared. Next to it is the secretariat, wherein records are kept for the time being and transferred finally to archives.

Each section has its own routine laboratory and a series of examination and treatment rooms according to the nature of the section.

At the rear of the reception hall, on one side, is located the dispensing pharmacy. On the other side is the office of the admitting officer. A social service department is connected with same as well as the archives section.

The general composition of the plan is governed by the desire to centralize the admission of patients and in this way minimize as much as possible the distance between each unit and the centre.

The reception of newly admitted patients, especially emergency cases, is one of the most difficult and exacting of all hospital functions, and careful study should be given to this feature of the hospital plan. The floor area required should be that of 1,500 square feet for general hospitals with bed capacity varying from 150 to 300 beds.

Provision should be made for emergency treatment rooms adjoining the ambulance entrance; waiting rooms and history rooms for the accommodation of patients and their friends are essential.

This department should also include separate two-bed wards with connecting toilets and completely equipped as a nursing unit, with its own sterilizing room, utility room and workroom, linen and supply closets and ward kitchen.

**Children's Department**

A department of the hospital in which the public is always particularly interested is the children's department. The children's ward in a general hospital should be so placed that there need be no general traffic through the department. A children's ward requires individual observation rooms for newly admitted patients in order to check as far as possible the spread of epidemic diseases, and the remainder of the ward should be subdivided so that the older children can be separated from infants, boys and girls, and medical from surgical patients.

There should be a spacious diet kitchen for the preparation of milk formulae.

Although the ward should be subdivided, visual control of the ward must be maintained by the nurse or nurses in charge.

Separate sun porches and roof promenades are desirable, since sound hospital procedure requires that children be kept entirely apart from adult patients as a sanitary safeguard and for the comfort of the adults.

The sun porches and roof promenades can conveniently be arranged by planning the children's department on one of the upper floors, which will permit of set backs in the general structure; thereby providing separate loggias and

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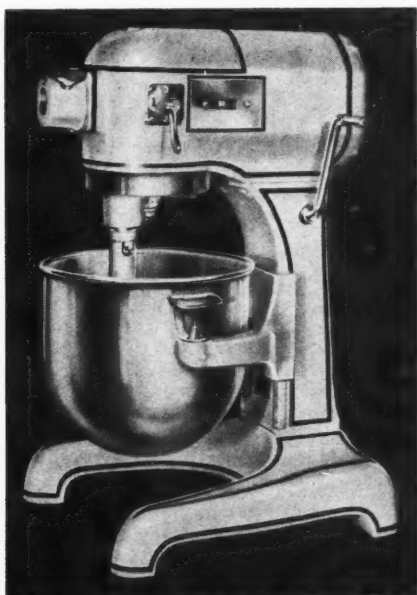
exposed promenades for ward and private room children.

The floor area required in a hospital of 300 bed capacity is that of 8,000 square feet, including corridors and stair halls. This space would take care of 34 patients and provide for 2 and 4 bed infant wards, 1, 2 and 5 bed wards for older children, observation and isolation accommodation, toilets, sink room, utility room, diet kitchen, laboratory and treatment room, children's wash room, chart room, sun porches and promenades, elevator and stair service.

### New Hobart 12-Quart Mixer

The Hobart Line of Electric Mixers has been made even more complete by the addition of the new 12-Quart outfit.

Hobart Mixers are exceptionally well known, not only



*New Hobart 12-quart Mixer.*

for their high quality and longevity, but for their close application to the tasks of kitchen and bake shop.

The new 12-Quart Mixer offers a combination of advantages of an extremely small machine along with those of somewhat larger size, due both to size of bowl and the scientifically worked out action and speed of beaters and whips.

Then, too, the Model A-120, as it is known, is built to operate an extensive line of Hobart No. 12 "man-sized" attachments: Meat and Food Chopper, Coffee and Spice Mill, Tool Sharpener, Vegetable and Fruit Slicer, Shredder and Grater, Soup Strainer and Colander, etc.

The Company reports that while this machine has been on the market only a short time, sales have been running extremely heavy.

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### The Function of the Nurse in Hospital Planning

(Continued from page 8)

planning, submitting their ideas and suggestions to the consultant, or, if there is no consultant, directly to the chief executive officer, as group action. When tentative sketches and equipment specifications are prepared they should be submitted to the nursing committee, carefully studied, and a report rendered on every detail. By such a scheme, which has been adopted by one of our largest medical centres in the planning of a nurses' residence, we may look forward to the elimination of some of the most grievous errors in planning and the gradual replacement of our old, antiquated hospitals by more efficient, more cheerful, and more economical structures.—*Reprinted with the kind permission of "Trained Nurse and Hospital Review."*

## Book Reviews

"SURGICAL NURSING," by Frederick E. Neef, B.Sc., M.L., M.D., F.A.C.S., New York. Published by Lea & Febiger, Philadelphia, 173 pages, illustrated with 41 engravings. Price, \$2.25.

Messrs Lea & Febiger, well known publishers of medical books, have added another exceedingly worth while volume to their series of Standard Nursing Books. Surgical Nursing presents in simple, readable form just the information which the nurse needs for the foundation of her practical work in surgical nursing. It confines itself rigorously to the topics which are important to her, presenting them as clearly and directly as possible, and bringing them into logical alignment. The complex subject of general surgery is thus reduced to its simplest terms without any sacrifice of scientific accuracy or coherence. The text is written from the nurse's point of view. Intelligent observation, tactful approach and similar factors vital to the nurse's education are stressed throughout and nothing that properly pertains to her function is omitted.

The value of the book is enhanced by its abundance of pedagogical material. Each chapter is brought to a close by suggested classroom demonstrations and by carefully formulated questions for review which sum up all of the essential material presented. The book is an excellent guide to the student nurse and when supplemented by the observation of the nurse herself, it will ensure her mastery of the subject.

### Scientists Willingly Pay the Price of Progress

With the passing of Dr. Ronald S. Saddington, formerly of Port Credit, in New York on February 4th, another promising young scientist has been added to the fatalities attendant to the pursuit of knowledge of life-destroying diseases.

Dr. Saddington had been devoting his talent and his energies to the discovery of a remedy for a virulent tropical fever, and contracted the disease himself last December.

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He had given every promise of a brilliant career as a pathologist and was held in the highest esteem by Dr. Simon Flexner, of the Rockefeller Institute, and his colleagues. He was a graduate of the University of Toronto.

Some time ago another brilliant young graduate of the University of Toronto, Dr. William B. Brebner, also doing research work in New York directed toward the conquest of infantile paralysis, fell victim to a laboratory infection, and died a martyr to the unquenchable spirit of the investigator.

The establishment of the Radium Refinery at Port Hope, Ontario, of which Mr. M. L. Ponchon, French scientist, is in charge, recalls the dangers in handling radium. Five men started the study of radium in Paris with Mr. Ponchon, and today he is the sole survivor. The others died from pernicious anaemia and cancerous conditions brought about by inhaling radium emanations and by subjecting themselves to its radiations.

Many other prominent scientists have been the victims of their own zeal on behalf of humanity. That is the price that apparently must be paid for progress in the realm of science.

### Wilmot Castle Co. Appoints Ontario Agents

Appointment of the Burke Electric & X-Ray Co., Limited, Toronto, as sales and service agents, has been announced by Wilmot Castle Co., Rochester, N.Y. Mr. Burke and his staff of engineers are particularly well qualified to handle this well-known line of sterilizers.







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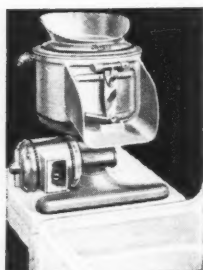
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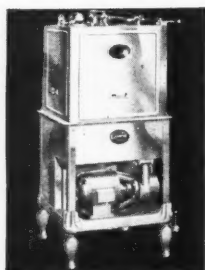
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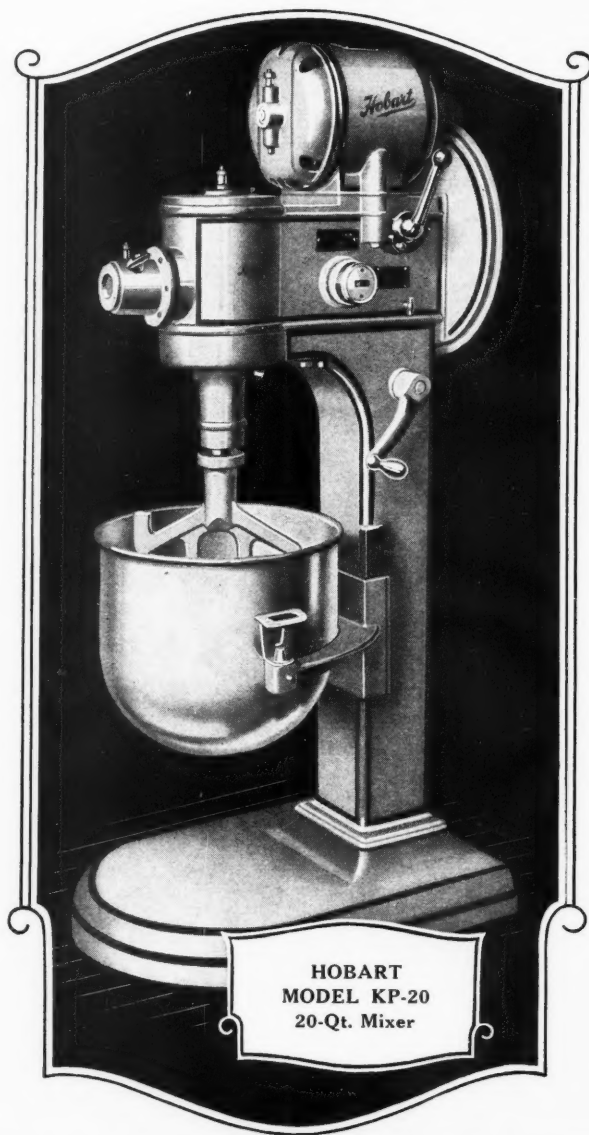
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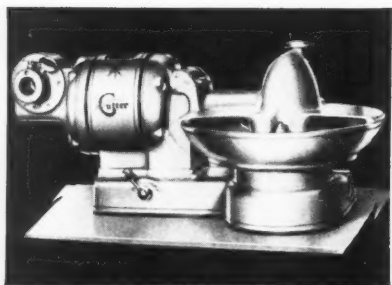
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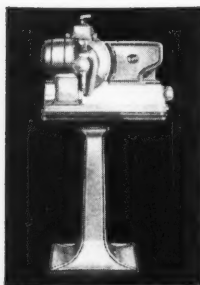
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